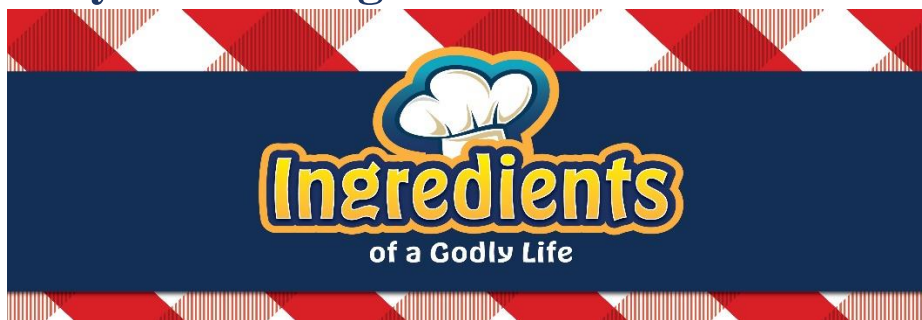


Yorkville Congregational United Church of Christ

-Sunday School Registration Form 2020 – 2021-



Last Name _____

Parent's Names: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Email: _____

Cell Phone: _____ **Name** _____

Cell Phone: _____ **Name** _____

Children being registered:

First Name	Last Name	Grade	Birth Date

Do any of your children have food or medical allergies? _____

If yes, please list: _____

_____ **(over)**

Does your child/children have any other concerns we should be aware of?

Does YCUCC have permission to publish your children's photographs or videos in the church or community newspapers or social media? ___Yes No

Liability Release Form (please list all children attending)

I hereby give my permission for _____

To participate in the Yorkville Congregation United Church of Christ Sunday School program. I further agree to release, indemnify and hold Yorkville Congregation Church, its officers, board members, employees, volunteers or other representative in any capacity harmless from or for any claims, causes of actions, liabilities or damages that arise as a result of or in connection with my child's participation in the program. I understand that I will be notified as soon as possible in the case of any emergency that may arise with my child. Further, I give my permission for Yorkville Congregation United Church of Christ staff or leaders of the Christian Education School program to obtain emergency medical treatment in my absence.

Parent/Legal Guardian signature: _____

Print Name: _____

Date: _____

Name of Insurance Company: _____